

Name in Full

Certificate of Death

John. J. Ansherman
 Hagerstown Washington County MARYLAND

Died at
 Date 1902 April 24
 Male White Married Widower
 Age 28. 8 24
 Native of Frederick Md
 Occupation Laborer
 Female Colored Single Widower Number of children living

Husband
 of
 Wife

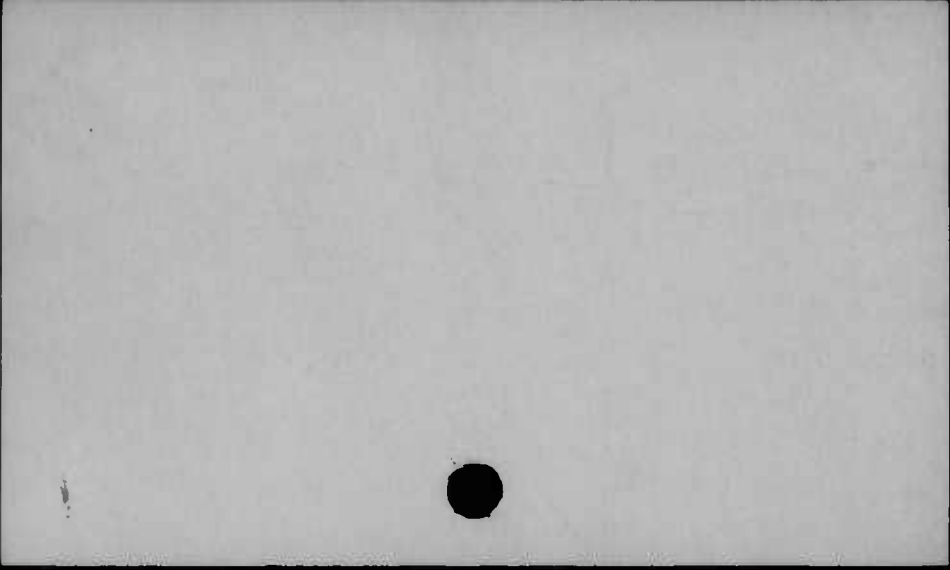
Father's Name Tilghman Ansherman
 Mother's Name Elizabeth Wright

Cause of Death { Primary Immediate
 Tuberculosis
 How long sick 2 weeks
 Accident, Suicide, Homicide

Reported by Dr. L. H. Zimmerman
 Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUPEAU, 65188



Died at *Bisbee* Town *Washington* County *MARYLAND*

Date *1902* *4* Month *30* Day Y. M. D. *4* Native of *Hampden* Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband
of
Wife

Father's Name *Samuel Barker* Mother's Name *Ada Barker*

Cause of Death Primary *Spine Cured by* *OVER* How long sick *10 days*
 Immediate *Scirrhous* Accident, Suicide, Homicide

Reported by *C. F. Murphy* *OVER*

Address *Washington* *Kel*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name in Full

Certificate of Death

Silas

Beard

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date 19

02

Month

Day

4-10

Age

Y.

M.

D.

58

Native of

Md

Occupation

Merchant

Male

White

Married

~~Widow~~

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

4

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dora Beard

Nicholas Beard

Mother's

Maiden Name

Mary Lyda

Palomipolitis Anterior Thrombosis

How long sick

2 yrs

Heart Failure

Accident, Suicide, Homicide

C. R. Schuen

Hagerstown Md



Died at Smithsburg Town Wash. County MARYLAND
 Date 1902 Month 4 Day 8 Y. — M. — D. — Native of — Occupation —
 Age —
 Male — White — Married — Widowed — Divorced —
 Female — Colored — Single — Widower — Number of children living —

Husband of —
 Wife —

Father's Name John Beck Mother's Name Lottie Phettersen

Cause of Death { Primary Still born How long sick —
 Immediate Still born Accident, Suicide, Homicide —

Reported by Dr. L. M. Steck

Address Smithsburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Bell

Town

County

Died at

Hagerstown

Washington Co

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date *1902*

4 18

Age *55*

Maryland laborer

Male

Married

Widow

Divorced

~~Female~~

~~Colored~~

~~Single~~

Widower

Number of children living

5

Husband

of

Catherine Bell

Wife

Father's

Name

John Bell

Mother's

Name

Annie Rank

Cause of

Primary

Gangrene of face

Death

Immediate

blood poisoning

How long sick

42

Accident, Suicide, Homicide

Reported by

W. J. Morris M.D.

Address

Hagerstown

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lillie D Burger

Town

County

Died at Hagerstown Washington

MARYLAND

Date 1902 Apr 16 - Age 9. 11. Maryland M. D. Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Frederick G. Burger Mother's Maiden Name Barbara Cornish

Cause of Death Primary Tuberculosis of Meningitis

How long sick 3 Weeks

Accident, Suicide, Homicide

Reported by

A. S. Maxon

Address

Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Mary Anne Boward

Town

County

Died at Hagerstown Washington MARYLAND

Date 1902 4 26 | Age 26-7-23 | Native of Md | Occupation Housewife
 Male ☐ White ☐ Married ☐ Widow ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living two

Husband of Wm D. Boward
 Wife
 Father's Name Isaac M. Boward Mother's Name Mary E. Boward
 Maiden Name

Cause of Death { Primary Tuberculosis Pul. | How long sick 6 weeks
 Immediate | Accident, Suicide, Homicide

Reported by Wm J. Stein Miller

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Still born child of Martin & Mary Carson

Town

County

Died at

Hagerstown

Washington

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1912

4

24

Age

Still born

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's
Name

Martin Carson

Mother's

Maiden Name

Mary

Cause of

Primary

How long sick

Death

Immediate

Osteoarthritis

Accident, Suicide, Homicide

Reported by

Clara Eirley M.D.

Address

Hagerstown.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



89

Died at Capetown Town Nas County MARYLAND
 Date 19 02 Apr 12th Month Day Y. M. D.
 Male White Age Day Native of _____ Occupation _____
Female Colored Married Widow Divorced
Single Widower Number of children living

Husband of

Wife

Father's Name W^m Chaney Mother's Maiden Name Ella Chaney

Cause of Death { Primary Still Born How long sick _____
 Immediate Still Born D Accident, Suicide, Homicide

Reported by J F KupsAddress Millersport Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Chopper

Died at

near ~~Hagerstown~~ ^{Town} ~~Alum~~ ^{County} ~~Honor~~ ^{County} ~~Washington~~

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1902

Apr 30

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

R.R. Injury

Death

Immediate

Shock. et.

How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

W.B. Morrison

Address

Hagerstown ● MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Webster Churchey

Died at

Kearneyville

Town

Washington

County

MARYLAND

Date 1902

Month

Day

Age

Y.

M.

D.

Native of

Occupation

4 26

3 2

Ind

None

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife of

Father's Name

John Churchey

Mother's

Maiden Name

Bertha Kendal

Cause of

Primary

Convulsion

How long sick

Found dead

Death

Immediate

Found dead

Accident, Suicide, Homicide

Reported by

L E Sumner & Son

Address

Kearneyville

Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Samuel Harmon Clopper

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Three

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sarah E Cost

Town

County

Died at

Kecksville

Washington

MARYLAND

Date 1902

Month Day

4 16

Y. M. D.

Age 48

Native of

Md.

Occupation

Seamstress

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

John Cost

Mother's

Maiden Name

Sarah Boone

Cause of

Primary

Albuminuria

120

How long sick

Years

Death

Immediate

Uraemic Poisoning

~~Accident, Suicide, Homicide~~

Reported by

W. M. Kihiser M.D.

Address

Kecksville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Joshua Crager.
 Died at Hanover Washington County, MARYLAND
 Date 19 02 4 21 Age 77.5-28 md Librarian
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband of Amelia Kershner
 Wife Wm Crager Mother's Name Mary Poutz
 Father's Name Wm Crager Maiden Name Mary Poutz

Cause of Death { Primary Paralysis How long sick
 Immediate Heart Failure Accident, Suicide, Homicide

Reported by P. Howard Lewis
 Address Hanover, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Cushman

Died at ^{Town} Clear Spring ^{County} Washington MARYLAND

Date 19 02 ^{Month} 4 ^{Day} 22 ^{Y.} 51 ^{M.} — ^{D.} — ^{Native of} Md ^{Occupation} Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name William Cushman Mother's Maiden Name Ann Prather

Cause of Death { Primary Unknown 179 How long sick 3 months
Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Abram Shank. M. D.

Address Clear Spring Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

L. M. Davis

Town

County

Died at

Pineburg

Washington

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

4 15

Age 35

Md. Laborer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

One

Husband of

Wife

Father's

Name

Mother's

Maiden Name

166

Cause of

Primary

Accident

How long sick

Death

Immediate

Premature Explosion.

Accident, Suicide, Homicide

Reported by

C. M. Suter.

Address

Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md.

LIBRARY BUREAU, 76098



Name in Full

Certificate of Death

William Henry Daymude

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

4

16

Age

70

-

-

Va.

Laborer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Wife

Emily Daymude

Father's

Name

Wm J. Daymude

Mother's

Maiden Name

Catharine

Cause of

Primary

Dont only saw him once and heard

How long sick

14 months

Death

Immediate

Heart Failure 179

~~Accident, Suicide, Homicide~~

Reported by

J. E. Pitternogle M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76868



Name
in
Full

Merinda Douglass

CERTIFICATE OF DEATH

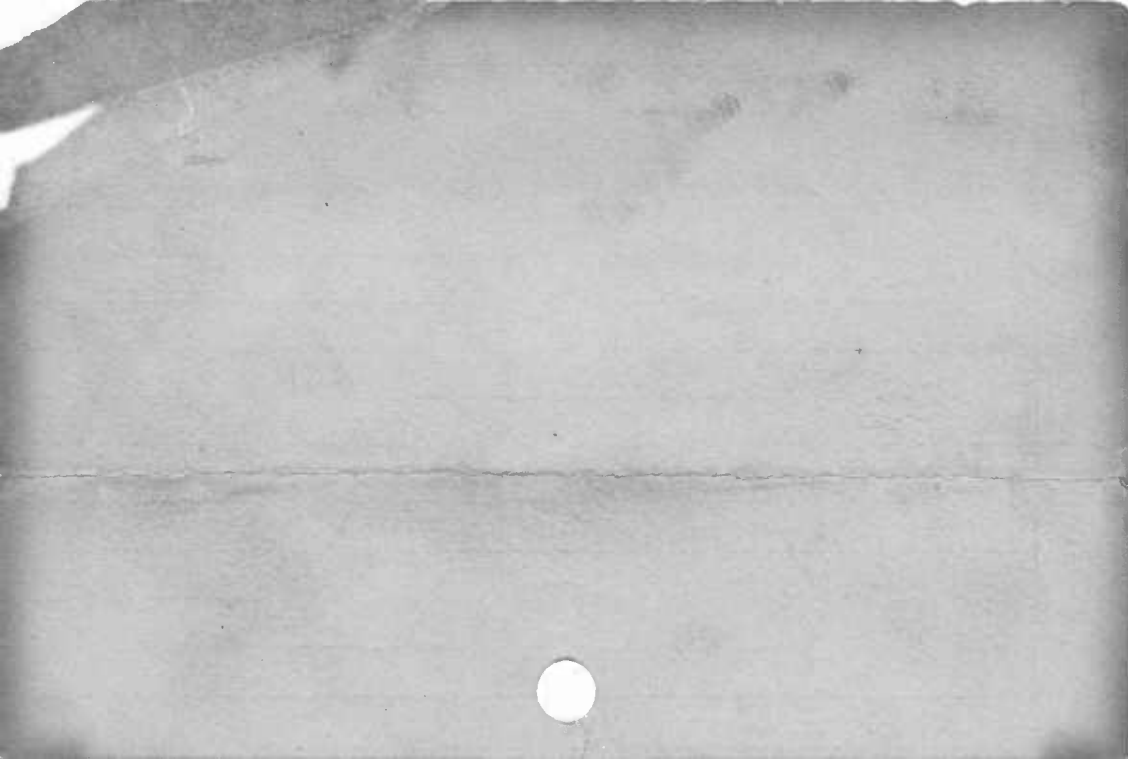
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Burgess</u> Town		<u>Washington</u> County		MARYLAND	
Date of death 190 <u>7</u> Month <u>April</u> Day <u>13</u> Age <u>64</u> Years Months <u>1</u>	Sex <u>Female</u>		Color or Race <u>Black</u>	Birth-place <u>Maryland</u>	
Married, Single or Widowed <u>Single</u>		Occupation			
Name of Wife or Husband <u>Samuel Douglass</u>					
Father's Name <u>Elizabeth Cross</u>		Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Ida Brown</u>		Mother's Birthplace <u>md</u>			
Name of person giving Information <u>Samuel Douglass</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart Trouble</u>	How long <u>One Year</u>
Immediate <u>Dropsy</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>S. S. Davis</u>
	Address <u>Bornaboro md</u>
Accident or Suicide?	



Name in Full *Infant named*
 Died at *Heagueston* Town *Washington* County *MARYLAND*
 Date 1902 *Apr. 20th* Month *Apr.* Day *20th* Year *1902*
 Age *9 hours* Native of *MD* Occupation *Infant*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐
 Single ☐ Widower ☐ Number of children living *0*
 Husband of *X*
 Wife *X*
 Father's Name *James M. Farraw* Mother's Maiden Name *Mary F. Bell*
 Cause of Death { Primary *Defective heart* Immediate *Exhaustion* How long sick *9 hours*
 Accident, Suicide, Homicide *150*
 Reported by *A. W. Pagano, M.D.*
 Address *Heagueston, Md.*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Susan Maria Forsythe.

Died at *Indian Spring* *Washington* *MARYLAND*

Date *1902* *April* *16* Age *10* *Maryland* *Housewife*

~~Male~~ *White* *Married* ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *10*

~~Husband~~ of *David Forsyth*
 Wife
 Father's Name *Stevan Murray* Mother's Name *Mercy Batey.*

Cause of Death { Primary *Acute Lobar Pneumonia* How long sick *9 days*
 Immediate *"* ~~Accident, Suicide, Homicide~~

Reported by *Dr. H. C. Foster.* *13*
 Address *Chateaufort* *Maryland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at *Ringgold* Town *Washington* County *MARYLAND*
 Date 19*12* Month *Apr.* Day *21st* Y. *Still* M. *Born* D. *Md.* Native of *—* Occupation *—*
 Male *White* Married *Widow* Divorced *—*
 Female *Colored* Single *Widower* Number of children living *—*

Husband of *—*
 Wife *—*
 Father's Name *Alvey N. Gardner* Mother's Name *Mary E. Fishack*
 Cause of Death { Primary *—* Immediate *—* How long sick *—*
 Accident, Suicide, Homicide *—*

Reported by *J. H. M. Fishack Md.*
 Address *Leitersburg Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Nellie Ann, Glass.

Town

County

Died at

Punketown

Washington

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 -

Apr -

7 -

Age

7

2.

18 -

Wash. Co. Md.

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tubercular Meningitis

How long sick

30 days

Death

Immediate

General exhaustion

28

Accident, Suicide, Homicide

Reported by

Dr F. D. Newcomer

Address

Punketown

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Catharine Grist

Town

County

Died at

MARYLAND

Date 19

02 April 20

Age

Y. M. D.

Native of

Occupation

38.8.20

Md

H. W.

Female

White

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

4

~~Husband~~
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

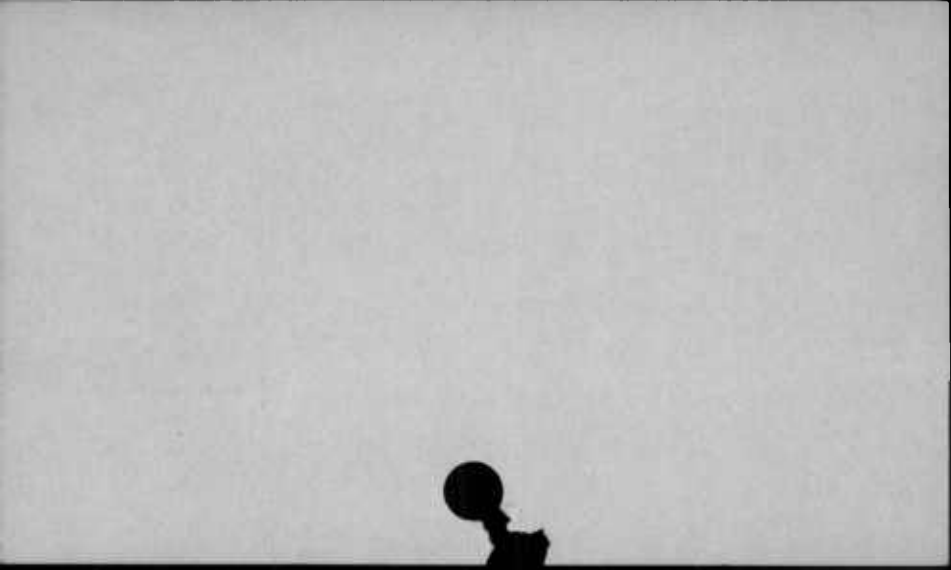
Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, or by coroner, undertaker or minister.



Name in Full

Certificate of Death

Fredk. J. Harris

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Apr

21st

Age

41

—

Md,

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

1

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Margaret Wagner Harris

Solomon Harris

Elizabeth Leilse

Cause of

Primary

Mitral Insufficiency

How long sick

Several Months

Death

Immediate

Dropsy, Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

A. W. Pagan M.D.

Address

Hagerstown

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888



Name in Full

Certificate of Death

Sallie Jane Hart

Town

County

Died at Clearspring Washington

MARYLAND

Date 1902 4-26 Age 47-2-21 Native of Md Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living 6

~~Husband~~ of John Hart

Wife

Father's Name George Hinis Mother's Maiden Name Mary Hinis

Cause of Death { Primary Chronic Pneumonia How long sick 10 days

Immediate Cardiac Failure 3 Accident, Suicide, Homicide

Reported by Chas. J. Mason, M.D.

Address Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Mary Jane Harter*
 Town *New Lebanon* County *Washington* MARYLAND
 Died *April 3rd* 19*02* Y. M. D. *12* Native of *Wash. Co.* Occupation *Housewife*
 Date 19*02* *April 3rd* Age *60.6.12*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☒ Widower ☐ Divorced ☐ Number of children living *2*

Husband of *Levi Harter*
 Wife of *Levi Harter*
 Father's Name *Chas. McGuire* Mother's Maiden Name *Fancy Shurti*
 Cause of Death { Primary *Influenza* Immediate *Cardiac Weakness* }
 How long sick *3 weeks*
 Accident, Suicide, Homicide ☐

Reported by *Grayson R. Gaver Jr.*
 Address *New Lebanon Wash. Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



TO BE ANSWERED BY
NEAREST FRIEND

George W. Hine

CERTIFICATE OF

Town **Locust** County **Good Washington** MARYLAND

Died at

Date of death 190 **2** April **23** Age **42** Months **5** Days **18**

Sex **male** Color or Race **White** Birth-place **Derryland**

Married, Single or Widowed **Married** Occupation **farmer**

Name of Wife **Harris Poffenburger**

Father's Name **Frank Hine** Father's Birthplace **md**

Mother's Maiden Name **Rebecca Elifer** Mother's Birthplace **md**

Name of person giving information **Della Harris Hine** How related to deceased **wife**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Tuberculosis** How long **5 years**

Immediate **Exhaustion** How long

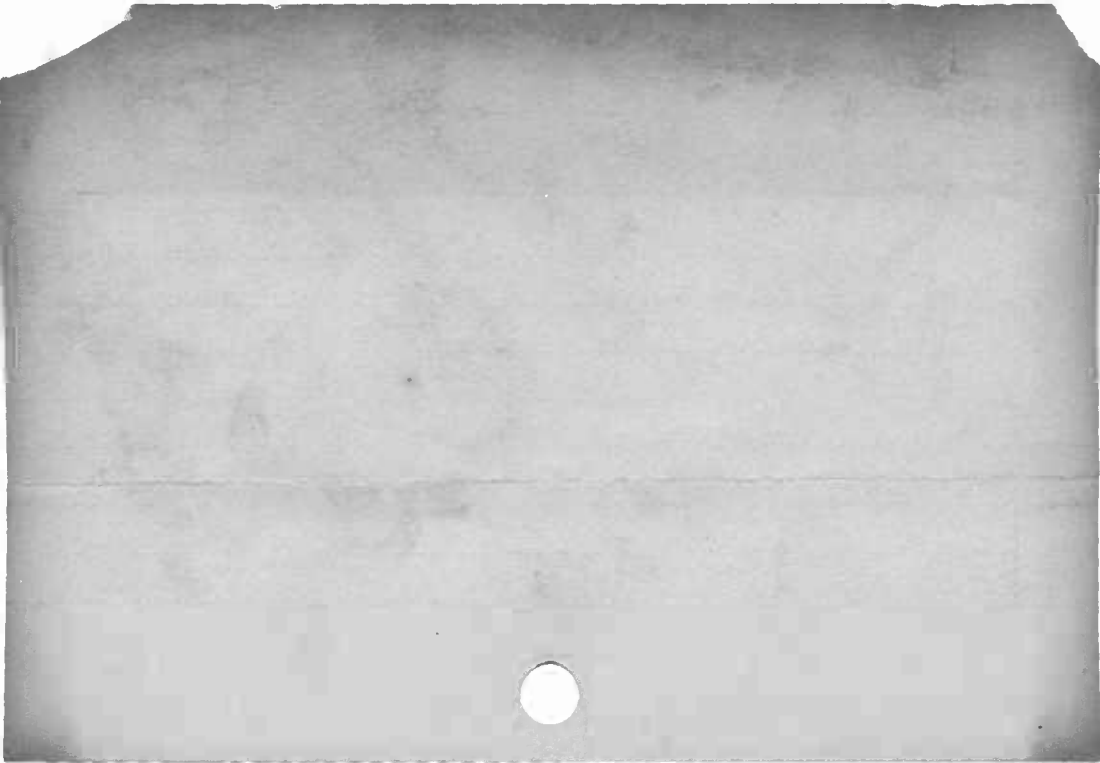
Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **H. M. Hisee M.D.**

Address **Geedysville Md**

Age **41-3-18**

~~Accident or Suicide~~



Name in Full

Certificate of Death

Susan Hine

Town

County

Died at

Kendallville

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4

19

Age

57. 4. 21

Md

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

6

~~Wife~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Josiah Hine

Edward Marshall

Mother's
Maiden Name

Mary Carty

Primary Double Pneumonia

Immediate Heart Paralysis 93

How long sick

8 days

~~Accident, Suicide, Homicide~~

W. M. Hieber M.D.

Kendallville Md



Name In Full

Certificate of Death

Name *Mary A Hughes*
 Died at *Hagerstown* Town *Washington* County *MARYLAND*
 Date 190*2* *Apr 11* Month *Apr* Day *11* Y. *18* M. *18* D. *MD* Native of *MD* Occupation *Housewife*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Widow ☐ Number of children living *1*

Husband of *John Hughes*
 Wife *Jack Leggett*
 Father's Name *Jack Leggett* Mother's Name *137*

Cause of Death *Primary* *Cholera* *Septicemia* *Mormonism*
 How long sick *8 days*
 Accident, Suicide, Homicide ☒

Reported by *Mormonism*
 Address *Hagerstown* *MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Preston Jacobs

Town

County

Died at

Huyett

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4

29

Age

6

Md

X

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Jm Jacobs

Mother's

Maiden Name

Monuiger

Cause of

Primary

Scarlet Fever

Death

Immediate

Nephritis

How long sick

Three weeks

~~Accident, Suicide, Homicide~~

Reported by

Jm G Scott

Address

Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. H. Baughman
sub reg

Name in Full

Certificate of Death

Levin West-Johnson

Town

County

Died at

Clearspring

Washington

MARYLAND

Date 1902

Month

Day

April

10

Age

39.

M.

D.

Native of

Maryland

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Catherine Feidt-

Father's

Name

J. Belt-Johnson

Mother's

Maiden Name

Ellen Mary West-

Cause of

Primary

Chronic Ulcerative Phthisis

How long sick

2 years

Death

Immediate

Asthenia

Accident, Suicide, Homicide

Reported by

Chas. J. Mason, M.D.

Address

Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name In Full

Certificate of Death

Henry G. Koontz

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4

22

Age

25-11

Ind

Tinner

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living

None

Husband of

~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Chas A Lambeth -

Town

County

Died at

Hugestown

Stookington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Apr

2

Age

32

4

~~Widow~~

Cotton

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband of

Wife

Bernice Lambeth

Father's

Mother's

Name

Chas Lambeth

Maiden Name

Ellen -

Cause of

Primary

Asthma

How long sick

3mons

Death

Immediate

Tuberculosis

Accident, Suicide, Homicide

Reported by

A.P. Shumaker

Address

Hugestown

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mini Liddy

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date 1902-20 4 20 | Age 30- | Native of Pennsylvania | Occupation Housewife
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living 0

Husband of Jeremiah Liddy
 Wife
 Father's Name Peter H. Parks Mother's Name Mrs. John Parks

Cause of Death { Primary Burned
 Immediate Burned
 How long sick 167
 Accident, Suicide, Homicide

Reported by
 Address Hagerstown Chas. B. Boyle D.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at		Town		County		MARYLAND	
Date 19		Month	Day	Y.	M.	D.	Native of
1902		Apr	29	6	10	18	no
Male		White		Married		Widow	
Female		Colored		Single		Widower	
Husband of		Wife		Age		Occupation	
Father's Name		Mother's Name		Maiden Name		How long sick	
Levi H Martin		Emma B Eshlman		Emma B Eshlman		2 days	
Cause of		Primary		Pneumonia		Accident, Suicide, Homicide	
Death		Immediate		93			
Reported by		Wm Preston Miller					
Address		Hagerstown					
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.							

Pitt. Banghman Sub rog

Rebecca Martin

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4 27

Age 50-7-6

Bears Creek House Work

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

1

Husband

of

Scott Martin

Wife

Father's

Name

Peter Phaux

Mother's

Maiden Name

Mary Phaux

Cause of

Primary

Heart Trouble

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. A. Martin

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary E. Miedelkaff

Town

County

MARYLAND

Died at

Heagertown

Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr. 16th

Age

67.5

Md.

H.C.W.

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

9-

Husband

of

Wife

Joseph Miedelkaff

Father's

Mother's

Name

John Frey

Maiden Name

Mary Brewer

Cause of

Primary

Chronic bronchitis

How long sick

2 years

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

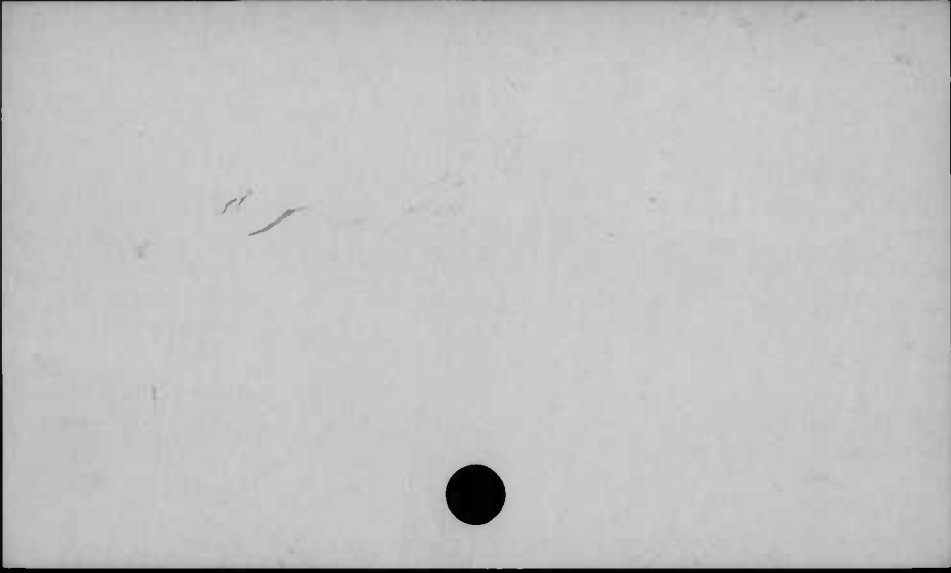
O.W. Pagan, M.D., 91

Address

Heagertown,

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lola L. Miller

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

2 27

Age

- 11 - 2

M.I.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Pneumonia

93

How long sick

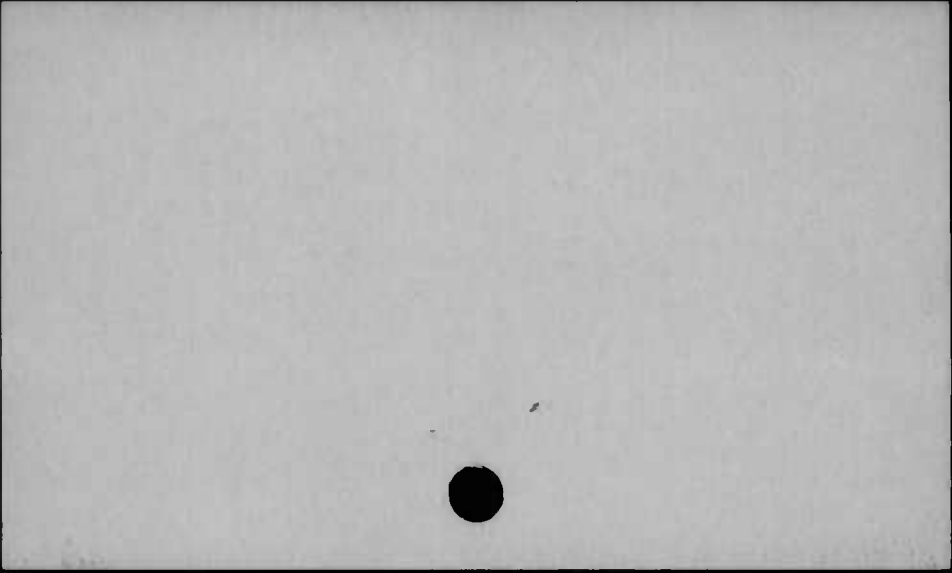
Accident, Suicide, Homicide

Reported by

Address

Dr. James M. W.
Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 19

Month Day

Y. M. D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

~~Husband~~
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU, 79P98

L. E. Duman & Son.

Sarah Elizabeth Myers
 Town *Clearspring* County *Washington* MARYLAND
 Died at
 Date 19 *02* Month *4* Day *8* Age *65* Native of *Md* Occupation *Housewife*
 Male *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living *—*

Husband of *—*Wife of *—*

Father's Name *William Myers* Mother's Name *Rachel Myers*
 Cause of Death { Primary *Unknown* How long sick *62 hours*
 Immediate *Heart failure* ~~Accident, Suicide, Homicide~~

Reported by *Abraham Shank. M.D.*Address *Clearspring Washington Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas Odum

Town

County

Died at

Chesville

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4 9

Age

3 1

Md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Arthur Odum

Mother's

Maiden Name

Laura Longmick

Cause of

Primary

Pleuro pneumonia 93

How long sick

9 wks

Death

Immediate

Empyema

Accident Suicide Homicide

Reported by

Dr. J. W. Steak

Address

Smithsburg Md.

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name *Mary E. Potter*
 Died at *Leand Grove* ^{Town} *Wash.* ^{County} **MARYLAND**
 Date 19*62* Month *4* Day *2* Age *57* ^{Y.} *8* ^{M.} *3* ^{D.} Native of *Ind* Occupation *housewife*
~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
 Female ^{Colored} ~~Single~~ ^{Widower} Number of children living *7*

Husband of *J. A. B. Potter*
 Wife
 Father's Name *David Baeler* Mother's Maiden Name *Magdolene Huffer.*
 Cause of Death { Primary *Typhoid Fever.* How long sick *about 3 weeks*
 Immediate *Heart Failure* ~~Accident, Suicide, Homicide~~

Reported by *C. S. Baker M.D.*
 Address *Rohrersville Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Nellie May Pidenow

Town

County

MARYLAND

Died at

*Bussell**Trask*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19*22**4**12*

Age

- 9 -~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

*Wm Pidenow**Amanda Pidenow*

Cause of

Primary

Whooping cough -

How long sick

3 weeks

Death

Immediate

Broncho - Pneumonia

Accident, Suicide, Homicide

Reported by

H. P. Miller -

Address

3, West Franklin

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Infant dau. of Geo. W. & Fanny River.

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4

2

Age

1 day

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Adaline

Ruiger

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4 23

Age

73 -

Md.

Housework

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

7

Husband of

Johnathan E. Ruiger 108

Wife

Father's

Mother's

Name

Robert Hanna

Maiden Name

Rebecca

Cause of

Primary

Chronic Nephritis
Fatty Degeneration of Heart

How long sick

5-6 wks

Death

Immediate

Strangulated Hernia

Accident, Suicide, Homicide

Reported by

J. E. Pitman M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

Female

Town

Month

Day

County

Y.

M.

D.

Native of

Occupation

MARYLAND

Age

~~Married~~~~Single~~~~Widow~~

Widower

~~Divorced~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70886



Name In Full

Mrs Laura Shafer

Certificate of Death

Died at ^{Town} Boonsboro ^{County} Wash. Co MARYLAND

Date 1892 ^{Month} Apr ^{Day} 3 ^{Age} 35 ^{Y.} — ^{M.} — ^{D.} — ^{Native of} Pa ^{Occupation} W. wife

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
^{Female} ~~Colored~~ ~~Single~~ ^{Widower} Number of children living none

Husband of R. E. L. Shafer
 Wife —
 Father's Name — Locher

Mother's Name 104

Cause of Death { Primary Corros. Stomach
 Immediate Peritonitis

How long sick 6 weeks
 Accident, Suicide, Homicide

Reported by Dr. S. S. Davis
 Address Boonsboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Shelburn
Town *Shelburn* County *Washington* MARYLAND
Died at
Month *apr* Day *2* Y. M. D. Native of Occupation
Date 19*02* Age
Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Saml Sheller

Mother's Maiden Name

G. Schuman

Cause of Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

A.P. Phaupfer

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Duceela Shorter

Town

County

Died at

Hagerstown

Washington

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Apr 3

Age

55

Md

Domestic

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

1

~~Husband~~

Wife

Father's

Name

Mother's

Maiden Name

Joseph R Shorter -
Michael Taylor

Cause of

Primary

Grippe

10

How long sick

18 days

Death

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

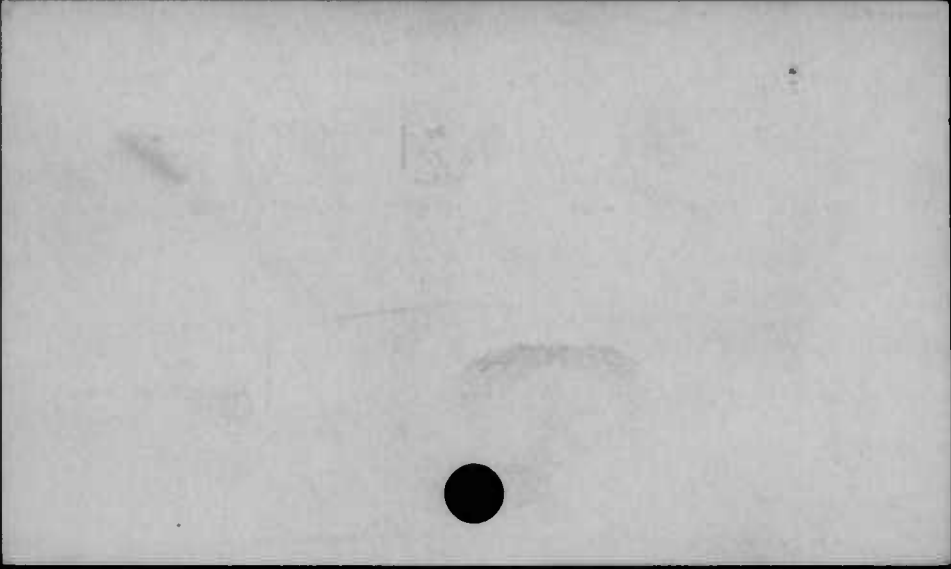
Reported by

Dr. A. H. W. Pagan

Address

Hagerstown Md

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Oscar Luther Smith

Town

County

Died at Sweet Home

Wash.

MARYLAND

Date 1902.	Month	Day	Age	Y.	M.	D.	Native of	Occupation
02.	4	17	1	6	14		Ind	
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living				

Husband of

Wife

Father's Name W.C. Smith

Mother's Maiden Name Angie Reed

Cause of Death	Primary	Immediate	How long sick	Accident, Suicide, Homicide
	Pneumonia	Convulsion	2 wks.	

Reported by C. W. Baker, M.D.

Address Roverside Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thos. B. Spigler

Town

County

Died at Md. Ave

Washington

MARYLAND

Date 1890 2

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1890 2

4

13

Age

74-10-1

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

nine

Husband of

Wife

Father's

Name

Martin Spickler

Mother's

Name

Elizabeth Brumbaugh

Cause of

Primary

Congestion of brain

How long sick

6 wks & during last 4 wks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Hagerstown

Thos B Spigler M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Elizabeth Startzman

Town

County

Died near Hagerstown

Washington

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1902

4 10

Age 84.10 28

M

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children

5

Husband of

Martin Startzman

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Old age 154

How long sick

One year

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

A. J. Mueser

Address

Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72222



Name
in
Full

Anna J. Flow

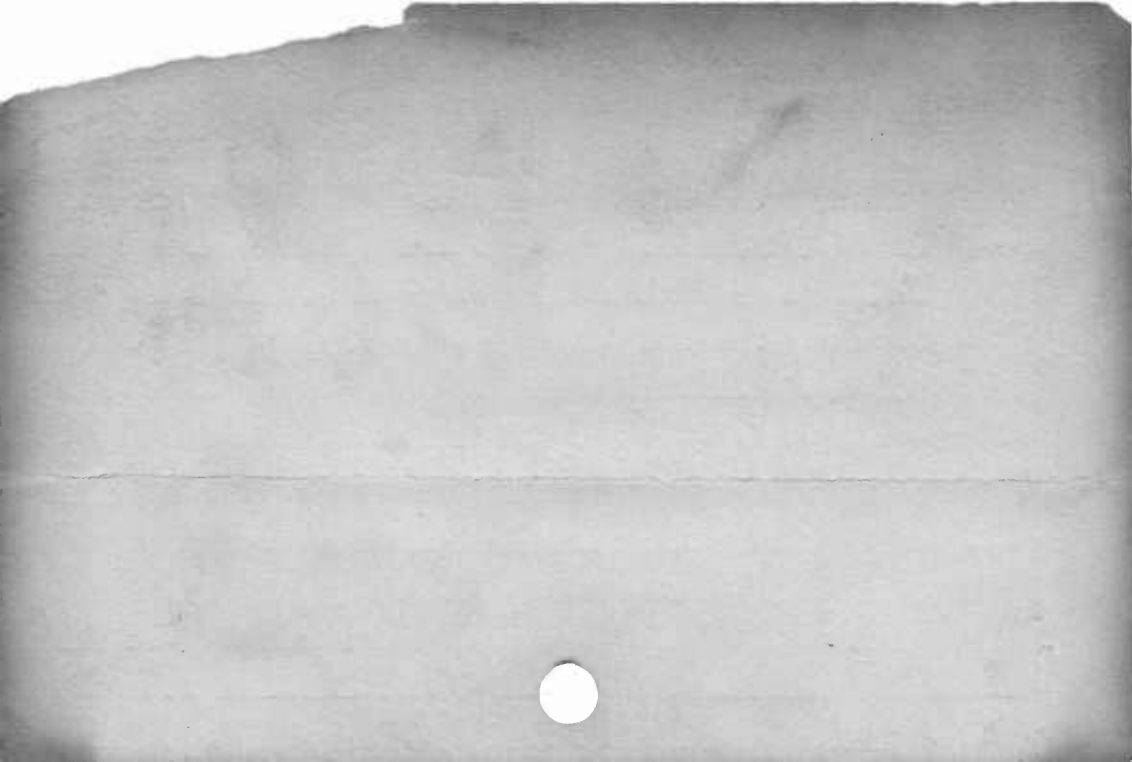
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Smoke Town</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death 190	<u>7</u> ^{Month}	<u>April</u> ^{Day}	<u>28</u> ^{Years}	Age <u>35</u>	<u>3</u> ^{Months}
Sex <u>Female</u>	Color or <u>White</u>		Birth-place <u>Maryland</u>		
Married, <u>Single</u> or Widowed	Occupation <u>Housewife</u>				
Name of Wife or Husband <u>George J. Flow</u>					
Father's Name <u>William Norris</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Mary Hine</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Nicholas Norris</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Uraemia</u>	How long <u>Two months - 20 hours -</u>
Immediate	<u>Convulsions</u>	How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>S. S. Davis</u>
		Address <u>Boonsboro Md -</u>
Accident or Suicide? <u></u>		



Name In Full

Certificate of Death

William Eugene Tillow

Town

County

Died at

Keagsstown

Washington

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Apr. 14

Age

26.4.9

Md

Laborer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

John Tillow

Mother's

Maiden Name

Malinda Skaffer

Cause of

Primary

Neurasthenia

How long sick

Several years

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

A. E. Kagan

M. D.

Address

Keagsstown

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Wilson B. Weaver

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date 19

02 April 2

Month

Day

Age

23.

Y.

M.

D.

Native of

Occupation

Md. R.R. Fireman

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

—

Husband

of

Wife

Father's

Name

George Weaver

Mother's

Maiden Name

Don't know

Cause of

Primary

R.R. Accident

How long sick

one hour

Death

Immediate

"

166

Accident, Suicide, Homicide

Reported by

H. H. Den-M.D.

Address

Hagerstown

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

—



Jacob S. Wilson

Died at ^{Town} Snowketown ^{County} Wash., MARYLAND

Date 1882 ^{Month} Apr ^{Day} 10 Age 68-6-11 ^{Y.} ^{M.} ^{D.} ^{Native of} Carroll Co ^{Occupation} Farmer

Male ^{White} ^{Married} ^{Widow} ^{Divorced}

~~Female~~ ~~Colored~~ ^{Single} ~~Widower~~ Number of children living 7

Husband of Nancy Littlelow

~~Wife~~ ^{Father's} Thomas Wilson ^{Mother's} Eliza Dayhoff

~~Name~~ ~~Name~~

Cause of { ^{Primary} La Grippe 10 ^{How long sick} 4 days

Death { ^{Immediate} Heart Paralysis ^{Accident, Suicide, Homicide}

Reported by S. S. Davis M.D.

Address Boonsboro Md



Certificate of Death

Town

County

Died at

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	4	19	—	10	—	Hagerstown	—
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband _____ of _____
Wife _____

Father's
Name

Mother's
Name _____

Cause of

*Primary

Death

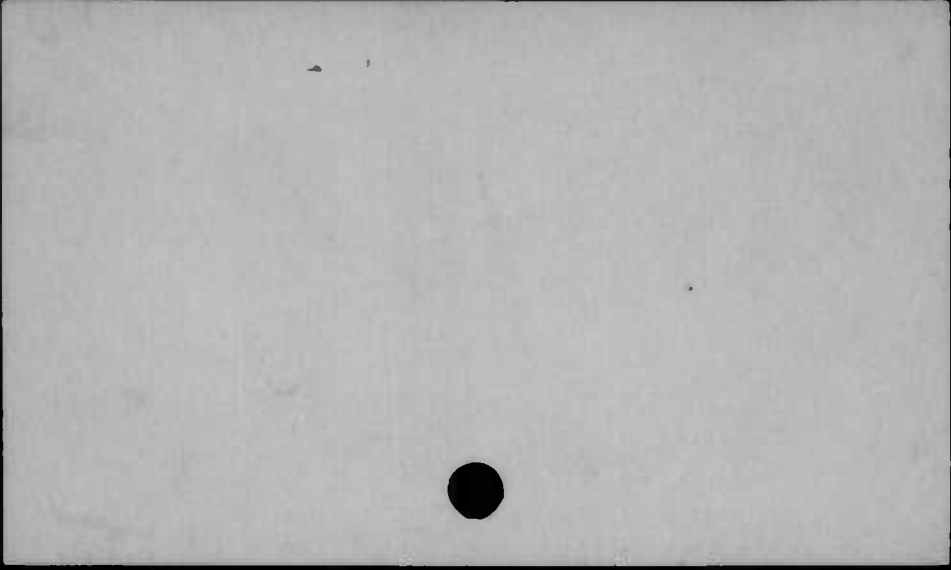
Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU - 85908



Name In Full

Certificate of Death

John T. Witmer.

Died at ^{Town} Roxbury ^{County} Washington MARYLAND

Date 1902 ^{Month} April ^{Day} 29 ^{Y.} ^{M.} ^{D.} Age 65-8-14 ^{Native of} Maryland ^{Occupation} Millerwright

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced} ^{Widower} ^{Number of children living} 2

Husband of Mrs. Emma Witmer.

Father's Name John Witmer ^{Mother's} Rosanna Brewer.

^{Maiden Name}

Cause of Primary Caught in shafting How long sick

Death Immediate and crushed to death. Accident, ~~_____~~

Reported by C. M. Butler, Undertaker.

Address 166 Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

